

FAX TRANSMITTAL COVER SHEET

CONLEY ROSE, P.C.
5700 Granite Parkway, Suite 330
Plano, Texas 75024-6616
Telephone Number: (972) 731-2288
Fax Number: (972) 731-2289

RECEIVED
CENTRAL FAX CENTER

APR 27 2004

OFFICIAL

PLEASE DELIVER THE FOLLOWING PAGES IMMEDIATELY TO:

NAME: **Mail Stop Fee Amendment**
Commissioner for Patents

FAX: **(703) 872.9306**

FROM: **Michael W. Piper**

DATE: **April 27, 2004**

RE: **U.S. Patent Application Serial No. 10/643,417**
Filing Date: August 19, 2003
Atty Docket IDF 2399 (4000-12600)
Preliminary Amendment (18 pages)
Fee Transmittal (1 page)
Transmittal Cover Sheet (1 page)

Total Number of Pages (Including Cover Page): 21

IF YOU DO NOT RECEIVE ALL THE PAGES,
PLEASE CALL IMMEDIATELY

This facsimile and the information it contains is intended to be a confidential communication only to the person or entity to whom it is addressed. If you have received this facsimile in error, please notify us by telephone at the above telephone number and return the original to this office by mail.

BEST AVAILABLE COPY

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/643,417	
	Filing Date	August 19, 2003	
	First Named Inventor	Philip Issa	
	Group Art Unit	2121	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	10	Attorney Docket Number	IDF 2399 (4000-12600)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none">• Fax Cover Transmittal• Preliminary Amendment
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	Michael W. Piper, Reg. No. 38,800
Signature	<i>Michael W. Piper</i>
Date	4/27/2004

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being facsimile transmitted to 703.872.9306, Mail Stop Non-Fee Amendment, Commissioner of Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or Printed Name	Karen A. Harris	Date
Signature	<i>Karen A. Harris</i>	April 27, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and Extension 2.

BEST AVAILABLE COPY

FEE TRANSMITTAL

For FY 2004

Effective 10/01/03. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$392.00

METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:
Deposit Account Number: 21-0785
Deposit Account Name: Sprint

The Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	\$
1002	340	2002	170	Design filing fee	\$
1003	630	2003	285	Plant filing fee	\$
1004	770	2004	385	Reissue filing fee	\$
1005	160	2005	80	Provisional filing fee	\$

SUBTOTAL (1) \$

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
37 - 20	= 17	x 18.00	= \$ 306.00
Independent Claims	4 - 3	= 1	x 86.00 = \$ 86.00
Multiple Dependent		280.00	= \$ 00.00

Large Entity		Small Entity		Fee Description
Code	Fee (\$)	Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent Claims in excess of 3
1203	200	2203	145	Multiple dependent claim, if not paid
1204	88	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 392.00

** or number previously paid, if greater; For Reissues, see above

Complete If Known

Application Number	10/643,417
Filing Date	August 19, 2003
First Named Inventor	Philip Issa
Examiner Name	Unknown
Group Art Unit	2121
Attorney Docket No.	IDF 2399 (4000-12600)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	\$
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	\$
1053	130	1053	130	Non-English specification	\$
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	\$
18042	920*	1804	920*	Requesting publication of SIR prior to Examiner action	\$
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	\$
1251	110	2251	55	Extension for reply within first month	\$
1252	420	2252	210	Extension for reply within second month	\$
1253	950	2253	475	Extension for reply within third month	\$
1254	1,480	2254	740	Extension for reply within fourth month	\$
1255	2,010	2255	1,005	Extension for reply within fifth month	\$
1401	330	2401	165	Notice of Appeal	\$
1402	330	2402	165	Filing a brief in support of an appeal	\$
1403	200	2403	145	Request for oral hearing	\$
1451	1,510	1452	1,510	Petition to institute a public use proceeding	\$
1452	110	2452	55	Petition to revive - unavoidable	\$
1453	1,330	2453	665	Petition to revive - unintentional	\$
1501	1,330	2501	665	Utility issue fee (or reissue)	\$
1502	480	2502	240	Design issue fee	\$
1503	840	2503	320	Plant issue fee	\$
1480	130	1480	130	Petitions to the Commissioner	\$
1007	50	1808	50	Processing fee under 37 CFR 1.17(g)	\$
1808	180	1808	180	Submission of Information Disclosure Stmt	\$
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	\$
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	\$
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	\$
1801	770	2801	385	Request for Continued Examination (RCE)	\$
1802	900	1802	900	Request for expedited examination of a design application	\$

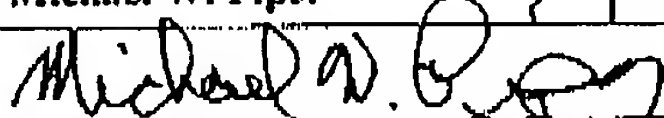
Other fee (specify) Terminal Disclaimer

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael W. Piper	Registration No. (Attorney/Agent)	39,800	Telephone	(972) 731-2288
Signature		Date	4/27/2004		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

BEST AVAILABLE COPY